

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1254-0326PUS1
Application No. 10/594,771-Conf. #6731	Filing Date September 29, 2006		Examiner M. T. B. Davis	Art Unit 1642
Applicant(s): Hideaki SHIMADA et al.				
Invention: DIAGNOSTIC KIT FOR SOLID CANCER AND MEDICAMENT FOR SOLID CANCER THERAPY				
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	14	- 20 =	0	x 52.00 0.00
<b>Independent Claims</b>	4	- 7 =	0	x 220.00 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 #42874 Dated: MAR 18 2009				
Gerald M. Murphy, Jr. Attorney Reg. No.: 28,977				
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